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PTO IDENTIFIER: Application Number 10/044,296-Conf. #6836
Patent Number
Inventor: Chris D. Constantinides

MESSAGE TO: US Patent and Trademark Office

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FROM: EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszcz Hazzard

PHONE: (617) 517-5512

Attorney Dkt. #: 56873(71699)

PAGES (Including Cover Sheet): 17

CONTENTS: Response to Office Action (13 pages)
Petition for Extension of Time (1 page)
Amendment Transmittal (1 page)
Certificate of Transmission (1 page)

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Application No. (if known): 10/044,296

Attorney Docket No.: 56873(71699)

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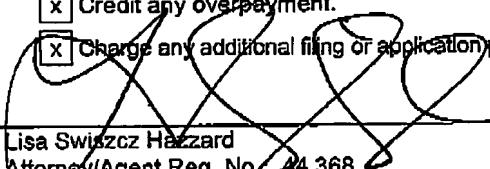
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AMENDMENT TRANSMITTAL LETTER				Docket No. 56873(71699)	
Application No. 10/044,296-Conf. #6836	Filing Date January 10, 2002	Examiner E. M. Chao		Art Unit 3737	
Applicant(s): Chris D. Constantinides					
Invention: MAGNETIC RESONANCE IMAGING METHODS AND COMPOSITIONS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 39 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month 1,050.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,050.00					
<input checked="" type="checkbox"/> Large Entity	<input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 1,050.00					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: October 16, 2007					
 Lisa Swiszcz Hazzard Attorney/Agent Reg. No. 44,368					
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